



## CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197  
 5757 WEST CENTURY BLVD., GF-16, LOS ANGELES, CA 90045 (310) 641-8668 FAX (310) 641-8516



# 2006

## APPLICATION FOR LICENSE

☐ ORIGINAL ☐ RENEWAL

**TYPE OF LICENSE (Please check appropriate box):**

ALL ITEMS MUST BE SUBMITTED BEFORE WE CAN  
 PROCESS YOUR APPLICATION.

- ☐ MANAGER - ☐ \$150 + ☐ Copy of Form BCII 8016 + ☐ 2 photos
- ☐ SECOND - ☐ \$50 + ☐ 2 photos
- ☐ MATCHMAKER - ☐ \$200 + ☐ Copy of Form BCII 8016 + ☐ 2 photos
- ☐ ASST. MATCHMAKER - ☐ \$200 + ☐ Copy of Form BCII 8016 + ☐ 2 photos

**\*\*ALL APPLICANTS MUST HAVE FORM BCII 8016 (LIVE SCAN FINGERPRINTS)  
 ON FILE. \*\***

**OFFICE USE ONLY**

License # \_\_\_\_\_

Date App Received \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

Method of Payment \_\_\_\_\_

Check Number \_\_\_\_\_

Received By \_\_\_\_\_

Receipt # \_\_\_\_\_

APPROVE FOR LICENSURE:

\_\_\_\_\_  
 Authorized Signature

**SECTION 1.**

Full Name:

(Please Print)

LAST

FIRST

MIDDLE

Home Telephone including Area Code

( )

Other Telephone including Area Code

( )

ADDRESS:

City

State

Zip Code

Country

AGE

M / F

Date of Birth

Social Security  
 Number or FEIN  
**(Mandatory)**

Height

Ft.

In.

lbs.

(Circle One)

Hair / Eye Color

Weight

**SECTION 2.**

DO YOU HAVE A FINANCIAL INTEREST IN ANY CLUB/PROMOTER, CORPORATION, ORGANIZATION OR  
 ASSOCIATION CONDUCTING BOXING, MARTIAL ARTS OR EXHIBITIONS?

☐ Yes ☐ No If answer is Yes, give name(s) \_\_\_\_\_

DO YOU HAVE A FINANCIAL INTEREST IN ANY BOXER, OR MARTIAL ARTS ATHLETE?

☐ Yes ☐ No If answer is Yes, give name(s) and explain: \_\_\_\_\_

**SECTION 3.**

If you are now or have ever been licensed by the California State Athletic Commission, another athletic commission Or any similar governmental authority, provide the following information for each license, listing the most recent first:

Type of License	Year license issued	Indicate State/ Commission/Government Authority
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your license ever been suspended, revoked or fined by the California State Athletic Commission, another athletic commission or any similar governmental authority? ☐ YES ☐ NO If YES, provide the following information:

Type of License	Action Taken	Reason for Action	Date of Action
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there charges pending against you by the California State Athletic Commission, another athletic commission Or any similar Governmental authority? ☐ YES ☐ NO If YES, provide the following information:

Charge	Date of Charge	Governmental Authority	Hearing Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of, or entered a plea of guilty, for a crime in any jurisdiction? NOTE: You must include all misdemeanors and felonies, even if adjudication was withheld, or the conviction was set aside, dismissed or expunged. ☐ YES ☐ NO If YES, provide the following Information:

Crime	Date of Conviction	City, State, Country	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any charges pending against you by any law enforcement agency? ☐ YES ☐ NO If YES, provide the following Information:

Charge	Date of Charge	City, State, Country	Trial Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 4.**

HAVE YOU EVER USED ANY OTHER NAME(S)? ☐ Yes ☐ No If YES, please list below:

\_\_\_\_\_

**SECTION 5.*****EXPERIENCE AND QUALIFICATIONS:***

**SECOND APPLICANTS ONLY -- List experience and qualifications pursuant to Commission Rule 218(b):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECTION 6.

**MATCHMAKERS ONLY**---GIVE DETAILS OF FINANCIAL ARRANGEMENTS WITH YOUR PROMOTER/CLUB; STATE WHETHER YOU RECEIVE A SALARY OR PERCENTAGE OF NET PROFIT OR GATE RECEIPTS. IF YOU ARE UNDER CONTRACT TO A PROMOTER/CLUB, SUBMIT A COPY OF THE CONTRACT.

SECTION 7.

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authority to provide the Commission with information requested on this application is established pursuant to Section 18640, 18642 and 18660 of the Business and Professions Code. Disclosure of your social security number (or federal employer identification number (FEIN), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 ISCA 405(c)(2)(C)] authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number or your FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**All items in this application are mandatory; none are voluntary.** Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

**This item is VOLUNTARY. You do not have to check this box.**

[ ] I hereby authorize the California State Athletic Commission to release my telephone number to any commission licensee. This authorization shall be valid only during the calendar year in which this application is signed.

***I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a license, that all the answers given are my own and that all the answers are true of my own knowledge. Further, I understand and agree that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.***

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_